

**State of Michigan  
Department of Human Services  
Office of Contracts and Purchasing (OCP)  
PO Box 30037, Lansing, MI 48909**

**Or  
235 S. Grand Avenue, Suite 1201, Lansing, MI 48933**

**AGREEMENT NO: RFCAN  
Between  
THE STATE OF MICHIGAN  
DEPARTMENT OF HUMAN SERVICES  
And**

CONTRACTOR		PRIMARY CONTACT	EMAIL
CONTRACTOR ADDRESS			TELEPHONE
			- -
STATE CONTACT	NAME	TELEPHONE	EMAIL
Contract Administrator		- -	
OCP Analyst	Colleen K. Cooper	231-627-8563	Cooperc5@Michigan.gov

AGREEMENT SUMMARY			
SERVICE DESCRIPTION	Residential Foster Care Abuse Neglect		
GEOGRAPHIC AREA			
INITIAL TERM	EFFECTIVE DATE*	EXPIRATION DATE	AVAILABLE OPTION YEARS
3 years	October 1, 2014	September 30, 2017	2
MISCELLANEOUS INFORMATION			
ESTIMATED CONTRACT VALUE AT TIME OF EXECUTION		\$	
CONTRACT TYPE	Per Diem		

\*The effective date of the Contract shall be the date listed in the "Effective Date" box above, or the date of Department of Human Services (DHS) signature below, whichever is later.

The undersigned have the lawful authority to bind the Contractor and DHS to the terms set forth in this Agreement. Section 291 of the fiscal year 2013 Omnibus Budget, PA 200 of 2012, requires verification that all new employees of the Contractor and all new employees of any approved subcontractor, working under this Agreement, are legally present to work in the United States. The Contractor shall perform this verification using the E-verify system (<http://www.uscis.gov/portal/site/uscis>). The Contractor's signature on this Agreement is the Contractor's certification that verification has and will be performed. The Contractor's signature also certifies that the Contractor is not an Iran linked business as defined in MCL 129.312.

**FOR THE CONTRACTOR:**

**XX**

\_\_\_\_\_  
Contractor

\_\_\_\_\_  
Signature of Director or Authorized Designee

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**FOR THE STATE:**

**DEPARTMENT OF HUMAN SERVICES**

\_\_\_\_\_  
Signature of Director or Authorized Designee

\_\_\_\_\_  
Duane Berger  
Print Name

\_\_\_\_\_  
Date

Anticipated Annual Total: XX

This Agreement will be in effect from the date of DHS signature through September 30, 2017. No service will be provided and no costs to the state will be incurred before October 1, 2014, or the effective date of the Agreement, whichever is later. Throughout this Agreement, the date of DHS signature or October 1, 2014, whichever is later, shall be referred to as the begin date.

## I. CONTRACTOR RESPONSIBILITIES

### A. Email Address

The Contractor authorizes DHS to use the contact information below to send Agreement related notifications/information. The Contractor shall provide DHS with updated contact information if it changes.

Contact email address: XX

### B. Requests for Information

The Contractor may be required to meet and communicate with DHS representatives and from time to time DHS may require that the Contractor create reports or fulfill requests for information as necessary to fulfill the DHS' obligations under statute and/or Modified Settlement Agreement.

### C. License Requirements and Provider Numbers

The DHS Bureau of Children and Adult Licensing (BCAL) is the licensing agency for Child Caring Institutions (CCI). A license is issued to a certain person or organization at a specific location, is non-transferable, and remains the property of DHS. Therefore, an institution must be established at a specific location.

The Contractor shall ensure that, for the duration of this Agreement, it shall maintain a license for those program areas and services that are provided for in this Agreement. If the Contractor fails to comply with this section, DHS may terminate this Agreement for default.

The Contractor is licensed to provide service under this Agreement under the following license number: XX

MiSACWIS Provider number: XX

Bridges Provider number: XX

### D. Geographic Area to be Served

1. The Contractor shall provide all services described herein in the following geographic area: Statewide.

2. The Contractor may by arrangement with the local DHS office and the DHS Children's Services Administration provide services to DHS-referred children and families from other areas of the State.

E. Location of Facility

The Contractor shall provide services described herein in the facilities located at:

XX

F. Child Eligibility Criteria

1. Eligible children

Services provided by the Contractor under this Agreement are limited to those children and families for whom DHS can legally provide care and services and for whom DHS makes a State payment.

County child-care funded children referred to DHS for care and supervision by probate court but for whom DHS may have no legal responsibility to make a payment are also eligible children.

2. Method for Determination of Eligibility

DHS shall determine the children and families' eligibility and document this in the Michigan Statewide Automated Child Welfare Information System (MiSACWIS).

3. Number of Clients to be Served

At no time shall the number of children in care exceed the licensed capacity of the facility specified in the Contractor's license listed in Article 1, Section C. On no day during this Agreement period, shall there be more than XX children in placement for whom DHS has the responsibility to make a State payment. DHS does not guarantee any minimum number of referrals or children in care at any point in time.

4. Admission Criteria

The criteria for admission outlined in the Juvenile Justice On Line Technology (JJOLT) Admission Grid shall identify the behaviors and characteristics of children for whom the Contractor can provide services. It is understood by both parties to this Agreement that behaviors of one child or some children in a program can affect the Contractor's ability to serve children who are referred subsequently. It is also understood by both parties to this Agreement that combinations of behaviors may influence intake decision making.

The behavior and diagnoses which the Contractor shall accept are as indicated in the Admission Grid.

G. Program Statement

The Contractor shall provide DHS with copies of its program statements for the program covered under this Agreement. The program statement shall comply with the requirements of DHS BCAL standards specific to the license listed in Section I (C) and with all federal laws related to the mixing of abuse/neglect and juvenile justice programs. The Contractor shall inform DHS of any changes made to the program statement at any point during the term of this Agreement and provide copies of the new statement to DHS.

H. Credentials

The Contractor shall assure that appropriately credentialed or trained staff under its control, including Contractor employees and/or subcontractors, shall perform functions under this Agreement.

I. Compliance with DHS Modified Settlement Agreement and Consent Order

The Contractor shall ensure compliance with the applicable requirements of the following sections of the Dwayne B. v. Rick Snyder Modified Settlement Agreement and Consent Order hereinafter referred to as the Modified Settlement Agreement (MSA):

1. Section III Outcomes, Sections C.2 Safety, D.1.a-d, D.2, D.3, D.4 Permanency
2. Section VII. A. Assessments and Service Plans, B. Supervisory Oversight of Assessments, C. Provision of Services, D. Family Engagement Model,
3. Section VIII. A. Access to Services, B.2.e and f., B.3.b, B.5.b Provision of Health Services,
4. Section X. Placement Standards and Limitations, Sections A, B.4., B.5., B.6., B.7. Limitations
5. Section XI. Limitations on Use of Psychotropic Medications, Corporal Punishment, and Seclusion/Isolation
6. Section XII. DHS Supervision of Contract Agencies

J. Deliverables:

1. Overview

The Contractor shall comply with all applicable DHS policy Children's Foster Care Manual (FOM) and DHS policy amendments (including interim policy bulletins) and all applicable provisions in the consent decree entered in Dwayne B. v. Snyder, et al., 2:06-cv-13548.

DHS policies, amendments and policy bulletins, are published on the following internet link:  
<http://www.michigan.gov/dhs>

Throughout the term of this Agreement, the Contractor shall ensure that it provides all applicable DHS policy and DHS policy amendments (including interim policy bulletins) to social service staff. The Contractor shall ensure that social service staff complies with all applicable requirements.

The Contractor shall provide services within the framework of Michigan's Child Welfare Practice Model, MiTEAM. The Contractor shall utilize the skills of engagement, assessment, teaming and mentoring in partnering and building trust based relationships with families and children by exhibiting empathy, professionalism, genuineness and respect. Treatment planning shall be from the perspective of family/child centered practice.

Services provided under this Agreement shall be trauma informed and be evidence-based, evidence-informed or identified as a promising practice to effect optimal outcomes.

A child welfare trauma-informed approach understands and recognizes that the vast majority of children in foster care have experienced complex trauma, which can significantly harm individual and familial development. In response, the Contractor shall educate parents and caregivers on the potential developmental impact of trauma, screen children for trauma, refer or provide clinical trauma assessments, collaborate with mental health providers to link children to evidence-based and supported trauma services, develop resiliency-based case plans and recognize the necessity of building workforce resiliency both at the individual staff and organizational levels.

Services must be delivered according to each child's assessed needs with interventions aligned with the identified needs and desirable outcomes. Resources for evidence-based, evidence-informed interventions and promising practices can be found at:

- a. American Academy of Pediatrics; <http://www2.aap.org/commpepd/doch/mentalhealth/KeyResources.html>
- b. SAMHSA's National Registry of Evidence-based Programs and Practices; [www.nrepp.samhsa.gov](http://www.nrepp.samhsa.gov)
- c. California Evidence-Based Clearinghouse for Child Welfare; <http://www.cebc4cw.org>
- d. The National Child Traumatic Stress Network; [www.NCTSN.org](http://www.NCTSN.org)
- e. American Academy of Child and Adolescent Psychiatry (AACAP); [www.aacap.org](http://www.aacap.org).

## 2. Residential Care

The Contractor shall ensure that each child in its care shall be provided with the elements of residential care outlined in the DHS BCAL standards specific to the license listed in Section I.C. of this Agreement.

The referring DHS/Placement Agency Foster Care (PAFC) provider shall identify a residential care program type for each child in its care based on the child's assessment of needs and strengths as well as the treatment plan. The residential care program types are as follows:

- a. General Residential
- b. Mental Health Behavior Stabilization
- c. Developmentally Disabled and Cognitively Impaired
- d. Substance Abuse Treatment
- e. Sexually Reactive
- f. Mother/Baby

Definitions, symptomology, and program specific services which the Contractor must make available to each child in its care are listed in Attachment A of this Agreement.

## 3. Standardized Assessment Tools

The Contractor shall utilize the following assessment tools to assess the child's needs and strengths while in the residential program:

- a. Child Assessment of Needs and Strengths (CANS)
- b. Ansell Casey Life Skills or Daniel Memorial Assessment (For children 14 years of age and older)

The Contractor may utilize additional standardized and reliable assessment tools to assess overall progress in functioning. Additional program specific assessment tools are identified within each program type in Attachment A.

The Contractor shall administer the assessment tools within 30 calendar days of admission, and quarterly thereafter until planned discharge. An unplanned discharge is defined as an immediate (one calendar day or less) move from the Contractor's program as directed by the court or caseworker. Children who are Absent Without Legal Permission (AWOLP) are also considered an unplanned discharge.

Throughout the term of this Agreement the Contractor shall maintain the capability to provide services 24 hours a day, 365 days a year as specified in the treatment plan for each child and his/her family accepted for care.

The range of services specified within each residential care program type establishes a range and number of services to be provided. Services provided to each child shall be individually determined based on the child's assessment, and shall be documented in the child's treatment plan.

#### 4. Referral and Intake Process

##### a. Referral Packet

At the time of referral, the DHS caseworker or PAFC provider shall provide the contractor with a complete referral packet as outlined in Section II (B) of this Agreement.

##### b. Referral

- 1) The Contractor shall accept and act on referrals from either a DHS caseworker or a PAFC provider upon receipt of a complete referral packet. The referring DHS case worker or a PAFC provider shall not be required to complete an application or other Contractor forms for inclusion in the agency case record or agency files or for any other purpose.
- 2) The DHS caseworker/PAFC provider responsible for placement shall be notified, within five working days of receipt of appropriate referral materials, of:
  - a) the decision to set up an initial interview (if needed),
  - b) reject or accept the child for placement, and if accepted,
  - c) the admission date or status on a waiting list.
- 3) If a child is rejected, the reasons for non-acceptance shall be given to the DHS caseworker/PAFC provider responsible for placement in writing within five working days of the date the child was rejected.

- 4) The Contractor shall not accept a child for placement prior to a fully executed Individual Service Agreement (DHS 3600). In event of an emergency placement, the DHS-3600 shall be fully executed no later than the first working day following placement.

c. Intake

The Contractor shall develop an assessment-based treatment plan within 30 calendar days of placement. The Contractor shall document the assessment-based treatment plan on the identified Children's Foster Care Residential Care Case Plan. The Contractor shall ensure that licensed clinical personnel (master's level social worker, master's level counselor, licensed psychiatrist, and/or psychologist) conduct a bio-psychosocial evaluation, or review a recent bio-psychosocial evaluation (within the past year) that includes:

- 1) Psychiatric history, as necessary.
- 2) Social history.
- 3) Mental status examination.
- 4) Trauma assessment.
- 5) Intelligence and projective tests, if necessary.
- 6) Behavioral appraisal.
- 7) Family, environmental, cultural, and religious or spiritual preferences.
- 8) Educational and vocational goals and needs.
- 9) Strengths, skills, and special interests.
- 10) Behaviors that necessitated a more restrictive placement setting for the child.

5. Program Type Redetermination

A child's residential care program type may be changed upon completion of a reassessment of the child's functional status and as recommended by the child's treatment team. A request for change in residential care program type must be submitted within 45 calendar days of the child's placement with the Contractor. The request for change in residential care program type must be submitted in writing to the DHS caseworker/PAFC provider responsible for placement and approved by the foster care supervisor. The request shall include: child's identifying information, residential care program type recommended, reason for recommended residential care program type change, how the new residential care program type is in the child's best interest, plan to prepare the child for transition, and projected discharge date plan.

The Contractor shall receive a decision in writing from the DHS caseworker/PAFC provider responsible for placement within 15 working days of receipt of the request.

6. Staffing

The Contractor shall provide trained staff sufficient to adequately fulfill the terms of this Agreement and shall demonstrate a good faith effort to recruit and employ staff that reflect the racial, ethnic and cultural composition of the Contractor's client population.

a. Child Care Services

Child care services are defined as those activities necessary to meet the daily physical, social and emotional needs of the child. Specific direct care staffing ratios are defined within each program category within Attachment A. The Contractor shall:

- 1) Provide a minimum of a half-time (.5 FTE) Permanency/Educational Specialist position for every eight children. Refer to Section I(J)(16)(f) and (g) and I( J)(18) of this agreement for expected activities.
- 2) Assure the availability, within 10 minutes, of on-call Contractor support staff or contracted staff for emergency assistance at all times.
- 3) Have available to all staff a written emergency plan for contacting police, fire, or emergency medical staff.
- 4) Develop and implement standard operating procedures relative to emergency planning, to be shared with all staff and contains at a minimum the following:
  - a) Procedures that provide direction to staff encountering the following situations:
    - i) Bomb threat/device
    - ii) Chemical spill
    - iii) Fire
    - iv) Natural disaster (tornado, heavy snow, flood, etc.)
    - v) Loss of utilities (heat, electricity, water, or other power outages)
    - vi) Other disruptions (hostage situations, armed intruders, etc.)
  - b) A list of emergency telephone numbers (Police, Fire Department, Ambulance and Utilities)
  - c) Clear direction:
    - i) For emergency evacuation, including type of evacuation and exit route assignments.
    - ii) To employees who remain to operate critical operations before they evacuate.
    - iii) To employees performing rescue or medical duties.
    - iv) To ensure notification of administration.
    - v) To account for all children and staff.
    - vi) For contacting emergency services.
    - vii) To provide notification to DHS of the emergency no later than the next business day.

Directions must be placed in areas readily available to staff. The Contractor shall review and annually update (or more frequently as needed) the emergency plans and written directions.

b. Staff Education and Experience Qualifications:

- 1) All program staff shall possess the following minimum qualifications:
  - a) A non-judgmental, positive attitude toward children with mental health and behavioral problems
  - b) Training, education and experience in the area of human services
  - c) Experience working with at risk children and families
  - d) Cultural and ethnic sensitivity, as well as diversity competency

- e) Knowledge of and skills in the area of mental health, substance abuse, child sexual behavior and child development
  - f) Ability to engage with, and relate to, children with multiple problems
  - g) Skills in crisis intervention, assessment of potentially violent situations and short-term goal setting
- 2) Therapy services shall be provided by one of the following:
- a) Licensed Master's Level Social Worker
  - b) Licensed Master's Level Counselor
  - c) Limited License Master's Level Psychologist
  - d) Licensed Psychologist, Ph.D.
  - e) Limited License Master's Level Counselor or Limited License Masters Level Social Worker under the supervision of a Licensed Counselor or a Licensed Masters Level Social Worker
  - f) Individuals with a Master's Degree in psychology, counseling, or social work under the supervision of a Licensed Counselor, Licensed Masters Level Social Worker or Licensed Psychologist, Ph.D.

If therapy services are subcontracted, the Contractor must ensure the subcontracted provider has the appropriate credentials outlined in this Agreement.

- 3) The Educational Planner/Permanency Planning Specialist must have a bachelor's degree in a human services field.

c. Staff Training Requirements

- 1) The Contractor shall provide 50 hours of training during a new hire's first year of employment. The Contractor shall provide a minimum of 40 hours within the first 30 calendar days of employment. Sixteen of the 40 hours of training shall occur prior to direct care staff having unsupervised contact with children. The remaining 10 hours shall be completed prior to the end of the first year of employment.
- a) Orientation shall include topics identified in the Licensing Rules for Child Caring Institutions R400.4128, as well as the Child Protection Law, mandated reporting requirements, family/child engagement, interpersonal communication, appropriate discipline, crisis intervention, child handling and de-escalation techniques and basic group dynamics.
- 2) A minimum of 25 hours per year of staff training shall be provided to existing direct care staff.
- 3) Annual training topics shall be selected from but not limited to the areas identified in R400.4128 and the following:
- a) Working as part of a team
  - b) Relationship building
  - c) Family/child engagement
  - d) Understanding and analyzing problem behaviors
  - e) Positive behavior support
  - f) Setting clear limits
  - g) Interpersonal communication
  - h) Appropriate discipline, crisis intervention, child handling and de-escalation techniques

- i) The significance of the birth family, value of visitation, importance of attachment and strengthening family relationships, impact of separation, grief and loss issues for children in foster care, and children's need for permanency
  - j) Understanding and recognizing the emotional and behavioral issues and/or physical needs of abused/neglected children
  - k) Medication management: Administration, monitoring, recording, secure storage, medication side effects and procedure for reporting side effects, medication reviews and process for obtaining informed consents for medication changes
  - l) Cultural competency
  - m) Effects of trauma
  - n) Suicide prevention and/or intervention
  - o) Child development
  - p) Trauma informed practices
  - q) Strength-based interventions and interactions
  - r) Defusing threatening behaviors
  - s) Solution focused assessment and case planning
- 4) All program staff will be trained to serve as a role model for the following: appropriate social skills, prioritizing needs, negotiation skills, accessing local resources, hygiene and grooming preparation, food preparation and anger management.
  - 5) All program staff shall be provided with annual trauma-focused program training to maintain a trauma-informed milieu and treatment environment. Trauma-focused programming must be based on an evidence-based, evidence-informed or promising practice treatment model.

## 7. Reporting

The Contractor shall develop and submit to the DHS caseworker/PAFC provider responsible for placement: all service plans, case summaries, incident reports, arrests, death notifications and other reports as required in the Children's Foster Care Manual (FOM) and the DHS BCAL standards specific to the Contractor's license specified in Section I(C) of this Agreement. Service Plans shall be completed on the age appropriate Children's Foster Care Residential Initial Service Plan, (DHS 365) and the Children's Foster Care Residential Updated Service Plan (DHS-366). The Foster Care/Juvenile Justice Action Summary (DHS-69) shall be utilized as identified in the FOM.

The Contractor shall submit a photo of the child to the DHS caseworker/PAFC provider responsible for placement taken at the time of placement. A copy of the photo shall be maintained in the child's file and replaced with a new photo annually. The Contractor shall submit a new updated photo to the DHS caseworker/PAFC provider responsible for placement at least annually in an electronic format or a format which is suitable for scanning into an electronic file.

## 8. Restraint and Seclusion

The Contractor shall not use Positive Peer Culture, peer-on-peer restraint, chemical restraint, or any form of corporal punishment.

The Contractor shall report the use of seclusion/isolation and restraint to the Division of Continuous Quality Improvement (DCQI) within 24 hours (or the next business day) of the use of seclusion/isolation or restraint. The Contractor will utilize the Corporal Punishment, Seclusion, or Restraint Notification Form for such reporting in the tracking system identified by DHS.

#### 9. Transition and Discharge Planning

The Contractor shall develop a transition/discharge plan in collaboration with the child, parent or guardian, agency with placement responsibility, foster parents, relative caregiver and Lawyer Guardian ad Litem (LGAL) during the initial Family Team Meeting to be held within 30 calendar days of admission. Transition and discharge planning shall begin at the time of admission. The child's transition/discharge plan along with a projected date for discharge shall be included in each child's service plan. The child's transition/discharge plan will include the level of care projected to be needed at discharge. The plan will include recommended services, transfer of information (e.g. medical records, mental health records, etc.) and a graduated visitation schedule, all to prepare the family/caregiver(s) for a well-supported discharge placement.

The Contractor shall ensure the child's transition/discharge plan is reviewed and updated during quarterly team meetings.

#### 10. Family Team Meetings

Family Team Meetings are an essential component of MiTEAM and serve as the primary forum for collaborative case planning for a child. The overall goals of the Family Team Meetings are to ensure the child receives an appropriate array and quantity of services necessary to stabilize him/her clinically and behaviorally and to prepare him/her to succeed in less restrictive community based settings after discharge.

Upon admission, the Contractor shall coordinate with the DHS caseworker/PAFC provider responsible for placement, the family and the child to identify members of the child's team. The Contractor shall commence the first team meeting within 30 calendar days from the child's admission and quarterly thereafter.

The Contractor shall include the child (if developmentally appropriate), parent(s), caregiver(s), assigned DHS caseworker/PAFC provider responsible for placement, treatment team and any other person deemed necessary for the child's treatment and transition planning.

The Contractor shall work with the child/treatment team to assist the child in developing ties to his/her community and other non-family resources. These ties provide assistance and connections with caregivers to help meet the child's relationship needs.

The Contractor shall make continuous efforts to effectively engage the parent(s) (including incarcerated parents), extended family, and the child's natural/informal supports in the teaming process; except when constrained by court order or therapeutically contraindicated.

The date and attendees and summary of the Family Team Meeting must be documented in the Social Work Contacts section of the Initial/Updated Service Plans and on Family Team Meeting Forms.

#### 11. Legal or Court Related

The Contractor shall cooperate with the DHS caseworker/PAFC provider responsible for placement of the child in matters relating to any legal or court activities concerning the child. These activities may include, but are not limited to:

- a. Transportation of the child to and from court hearings.
- b. Supervision of the child during transport or while present at the hearing.
- c. Court testimony, recommendations, and reports to the court as requested by the court.

Safety of the child must always be a priority concern when considering the child's transportation needs. If determined that a child is presenting safety concerns and is unable to be safely transported to a court hearing, the Contractor shall immediately notify the child's LGAL and the DHS caseworker/PAFC provider responsible for the child's placement.

#### 13. Absent Without Legal Permission

The Contractor shall have a clearly defined process for determining when a child is AWOLP from the placement. The process shall delineate how the facility and grounds are searched, what personnel will be involved in the search, and how the determination will be made that the child is AWOLP from the placement.

Once determined that a child is AWOLP from the placement, the Contractor shall:

- a. **Immediately** notify law enforcement agencies that the ward under their care has failed to return at the expected time.
- b. **Immediately** file a missing person report with law enforcement.
- c. **Immediately** notify the local office the DHS caseworker/PAFC provider responsible for placement or designee of the child's AWOLP status.

#### 14. Independent Living Preparation

Independent living preparation is defined as a comprehensive and coordinated set of activities that will assist children aged 14 and older in preparing for a state of independence or providing care of oneself socially, economically, and psychologically.

The Contractor shall provide Independent Living activities for all children aged 14 and older which shall include, but are not limited to: budgeting and money management; employment seeking skills; communication skills; relationship building; establishing health and hygiene; household maintenance and upkeep; educational assistance; preventive health services; parenting skills and accessing community services.

The Contractor shall identify Independent Living activities in the child's DHS-365 and DHS-366 regularly, following the child's 14th birthday, according to the FOM. For children with developmental disabilities, the contractor shall provide relevant adult self care, daily living skills, community engagement and mobility skills within the aforementioned domains.

#### 15. Individual or Group Therapy

The Contractor shall provide at least weekly direct therapy services for each child individually and/or in group sessions. Individual and/or group therapy shall be provided in accordance with the child's treatment needs as identified in the child's service plan.

#### 16. Inclusion and Involvement of Parents, Other Family Members or Caregivers

Families (including incarcerated parents) and placement caregiver(s) shall be included as extensively as possible from the beginning of the admission process through discharge, transition and aftercare. Families and caregiver(s) shall be supported and involved in all aspects of the child's treatment and discharge planning. Family and caregiver(s) involvement shall remain the center of the child's programming. All services shall be provided in a manner that ensures children, families and placement caregiver(s) receive comprehensive, culturally competent interventions.

The Contractor shall, in accordance with each child's individual treatment plan:

- a. Include the family (birth, relative, identified adult support or permanent caregiver) in the development of the DHS-365 and specifically document the family's involvement in the service plan and permanency goal.
- b. Provide routine transportation and flexible hours to meet the family's time schedule to facilitate the family's accomplishment of the treatment goals. Routine transportation is defined as any travel, including travel for family visitation, required by the child or family for treatment purposes which occurs in the Contractor's geographic area to be served, that may not reasonably be provided by the parents or other funding source. The Contractor shall coordinate/collaborate with the DHS caseworker/PAFC provider responsible for placement to resolve transportation barriers.
- c. If the distance of a family from the agency is identified as a barrier, describe the agency's plan to reduce the barrier to ensure ongoing family contact as outlined in the FOM.
- d. Provide an identifiable area for family visits which offer privacy and comfort.
- e. In collaboration with the agency responsible for placement, allow for regular sibling visitation and other required sibling interaction as outlined in FOM 722-6 and provide

supported intervention, based on the child's treatment needs, to encourage and strengthen sibling relationships.

- f. Include a specific plan to address the family's needs, to assist the family in meeting the needs of the child in placement, and to attain the family goals, as well as delineation of roles of the Contractor, assigned caseworker(s), and family to accomplish these goals. The Contractor shall coordinate with the DHS caseworker/PAFC provider responsible for placement to identify, recruit and prepare any identified family for eventual placement or involvement with the child.
- g. Withholding of family contact (in any form) as a method of discipline is prohibited.
- h. For children available for adoption without an identified adoptive family, the Contractor shall make reasonable efforts to ensure the child is present for identified special recruitment activities. If there are safety concerns or other identified treatment concerns, the Contractor shall consult with the assigned DHS caseworker/PAFC provider responsible for placement.

#### 17. Religion and Cultural

The Contractor shall respect the religious preference of the child and his/her parent(s) or legal guardian.

The Contractor shall ensure each child is afforded opportunities to attend religious services or activities in his/her religious faith of choice. The Contractor shall arrange for or ensure reasonable means are provided for transportation of a child to services or activities on or off site. Safety of the child must always be a priority concern when transporting and supervising children.

The Contractor shall not require or coerce a child to participate in religious services or activities, shall not discipline, discriminate against, or deny privileges to any child who chooses not to participate. The Contractor shall recognize and take into consideration the racial, cultural, ethnic and religious backgrounds of a child when planning various activities or religious activities.

#### 18. Education

The Contractor shall ensure every child is provided with appropriate educational services. Those services shall be provided in accordance with the requirements set forth in the FOM, and DHS BCAL standards for the license specified in Section I (D) of this Agreement, and as detailed in MSA Sections VII: Assessment, Case Planning and Provision of Services, and Section VIII: Services and Placement Resources, Development and Utilization.

In addition, the contractor shall:

- a. Collaborate with the child's identified school to screen for possible educational disabilities; and if a disability is suspected, refer the child for an Individual Education Program Team (IEPT) evaluation within the first 30 calendar days to assess, plan and place the child in the most appropriate educational/vocational program.

- b. Request prior educational assessments within 30 calendar days of placement to assist in assessing the current educational needs. Documentation of diligence in requesting records must be included in the child's file.
- c. For children with identified disabilities for whom discharge is planned, an exit review of the educational plan shall be initiated at least 30 calendar days prior to discharge and forwarded to the assigned DHS caseworker/PAFC provider responsible for placement.
- d. Assure that program staff is available to the school staff in crisis situations to assist in managing the crisis or to call for assistance.
- e. Notify the school administration where the child is enrolled, in writing, of the name of the person who is supervising the child's foster care case and who is responsible for attending IEPT meetings. Documentation of the notification is to be contained in the Education section of the child's foster care case record.
- f. Provide or arrange structured educational and/or vocational activities for children suspended from or expelled from school, or who have passed their General Education Development (GED) test, (i.e., structured homework time, additional reading or writing activities, independent study assignments and independent living skills).
- g. Take an active role in monitoring and maintaining school progress for children whether or not they attend a structured school program. This includes maintaining at least monthly contact with the school to monitor the child's progress. Interventions may include, but are not limited to, obtaining school assignments, monitoring completion of homework and additional tutoring.
- h. Provide tutorial services to a child, as necessary, based on the child's Individualized Education Plan (IEP) or treatment plan. Tutorial staff must have appropriate educational credentials to provide tutorial services. Appropriate educational credentials are determined by the Contractor's Educational Planner.
- i. Provide advocacy and service planning for children that are expelled.
- j. Be in compliance with Michigan's Department of Education rules and requirements if they operate a school on the Contractor's grounds.

#### 19. Medical and Dental Care

The Contractor shall assure that children receive routine and non-routine medical and dental care as required in the FOM and the DHS BCAL standards for the license specified in Section I (D) of this Agreement and as detailed in Section VII: Services and Placement Resources Development and Utilization of the MSA. The Contractor shall provide all medical and dental information to the assigned DHS caseworker/PAFC provider responsible for placement to facilitate maintenance of the Medical Passport (DHS-221). In addition, the Contractor shall assure that specific health care is provided, including:

- a. Rehabilitative, physical or dental procedures by medical personnel as necessary.

- b. Utilization of enrolled Medicaid providers or a board certified physician or dentist volunteering his/her time for health procedures.
- c. Provision of medication as prescribed by a treating physician. Agency must have a Standard Operating Procedure for dispensing and storage of medication.
- d. Special diets provided as needed and regularly reassessed utilizing appropriate specialized personnel.
- e. The Contractor shall forward the above BCAL required medical and dental examination reports to the DHS caseworker/PAFC provider within five (5) working days of completion.

## 20. Wardrobe

The Contractor shall assure that children have an adequate wardrobe as defined by and documented on the Clothing Inventory Checklist (DHS-3377) while in placement and upon leaving placement. When the child is absent or at the conclusion of the placement, the Contractor shall have a process in place to keep the child's wardrobe and possessions safe until claimed by the child or DHS. If the possessions are not claimed within 90 calendar days, the Contractor may dispose of the items at its discretion.

## 21. Recreation Activities

The Contractor shall provide daily access to appropriate recreation activities as defined by DHS BCAL standards for the license specified in Section I (D) of this Agreement.

## 22. Psychological and Psychiatric Services

The Contractor shall provide the following in accordance with the treatment plan for children. The costs of these elements may be billed to the child's medical insurance provider if the service is covered. If not, the costs are to be covered by the per diem reimbursement rate:

### a. Psychological Services

Psychological services are defined as various professional activities or methods provided by a licensed Masters Social Worker, licensed Professional Counselor, licensed psychologist or a limited licensed psychologist. This includes individual or group therapy with children, consultation with program staff, administering and interpreting psychological tests and working with families.

- 1) The Contractor shall provide psychological services to an individual child on an as needed basis, per the child's DHS-365 or DHS-366. The Contractor shall engage the parent(s), medical and educational staff and any other relevant individuals involved in the child's treatment in the initial and ongoing evaluation process.

- 2) The Contractor shall provide psychological testing as necessary for assessment and treatment planning.
- 3) The Contractor shall provide psychological consultation to program staff as necessary to assist staff in understanding the child's background or needs, test results, implications for treatment and interventions most appropriate for the child.

b. Psychiatric Services

Psychiatric services are defined as various professional activities or methods, performed by a licensed physician with expertise in mental/behavioral health care as evidenced by:

- 1) Certification in Child and Adolescent Psychiatry by the American Board of Psychiatry and Neurology (ABPN), or
- 2) Certification in General Psychiatry by the ABPN and clinical experience with children and adolescents.

Services may include diagnostic assessment, individual psychotherapy with evaluation and management, medication review with minimal psychotherapy, individual or group therapy with the child(ren), and consultation with agency staff. Telepsychiatry may be used when a local psychiatrist is not available.

- 1) The Contractor shall provide psychiatric services to an individual child, on an as needed basis, according to the child's DHS-365 or DHS-366. The Contractor shall engage the parent(s), medical and educational staff and any other relevant individuals involved in the child's treatment in the initial and ongoing evaluation process.
- 2) The Contractor shall provide psychiatric consultation or supervision of Contractor staff as necessary to assist staff in understanding the results of the psychiatric evaluation(s), implications for the child's treatment and identification of treatment interventions most appropriate for the child.
- 3) Psychotropic Medication must be prescribed or adjusted by a child/adolescent psychiatrist or a psychiatrist with experience working with children and adolescent youth or the child's primary care physician if a psychiatrist is not available via telepsychiatry. For temporary wards, the child's parents must be engaged in the consultation either in person or by phone conference. Appropriate consent must be obtained for administration to a child of each psychotropic medication. The Contractor shall follow FOM 802-1, Psychotropic Medication in Foster Care.
- 4) Within 45 calendar days of the child's placement, the psychiatrist must assess the child and coordinate with the licensed clinical personnel completing the psychosocial assessment. The psychiatrist shall review the child's medication

history, current needs and prescriptions. This includes adjustment of medications and dosage as necessary.

After the first 45 calendar days of a child's placement, the psychiatrist shall review the child's current medical and psychiatric needs and prescription or adjustment of medications and dosage as necessary.

### 23. Transitional Service Following Discharge

#### a. Planned Discharge

The Contractor shall provide the following transitional services to children discharged from the program in a planned discharge:

- 1) Submit a discharge service plan to the DHS caseworker/PAFC provider responsible for placement utilizing the DHS-69, which complies with the requirements of the DHS BCAL standards specific to the Contractor's license specified in Section I (C) and also contains a summary of services provided during care.
- 2) Provision for follow-up services by maintaining transitional psychosocial services until the child is scheduled to attend an initial appointment with Community Mental Health or other community based psychosocial service provider. Document services needed to continue to meet the child's needs and identified providers for such services in order to provide continuity of services.
- 3) A statement for each child receiving psychotropic medication, including the name of the child's next treating psychiatrist/primary care physician, date of last medication review, date of last signed informed consent, date of medication review following discharge (within five days of discharge), and date the psychiatric information was provided to the next psychiatrist/primary care physician.
- 4) Provide medical information, including a medication regime, a complete Prescription Information form (DHS-2840) signed by the Contractor's medical staff or clinical supervisor, and at least a 14-day supply of medication to the responsible party at the time of discharge.
- 5) Assign a social services worker to maintain contact with the child and family for the first 30 calendar days following discharge, if the child is placed in a family setting. Contact shall include at least two home visits within the 30 calendar day period and at least one successful phone contact per week to both the parent and child for 30 calendar days following discharge to assist in re-establishing family equilibrium.

For youth placed in a family setting out-of-state or within the state more than 150 miles from the residential facility, the Contractor shall make two successful face to face contacts via Skype or through other software technology and at least one

successful phone contact per week to both the parent and child for the first 30 days following discharge.

This shall be completed in accordance with the child's individual treatment plan.

- 6) Provide the assigned DHS/PAFC caseworker with a written report utilizing the DHS-69 with an assessment of the child/family situation at the end of the 30 day transition period and summarize the Contractor's services, contacts, concerns, and agency and family activities needed to achieve unmet goals and objectives. This shall be provided within 60 days after the child's discharge date.

b. Unplanned Discharge

An unplanned discharge shall be defined as one of the following:

- 1) When the Contractor requests removal of the child from placement prior to the child successfully achieving the treatment goals. The Contractor shall continue services to the child for a period of up to 30 calendar days following written notification to the referring DHS caseworker/PAFC provider responsible for placement of the decision to discharge the child from placement.
- 2) An immediate (within one day or less) move of the child from the Contractor's program to another program/facility as directed by the court or DHS caseworker/PAFC provider responsible for placement.

In the event of an unplanned discharge, the Contractor and DHS caseworker/PAFC provider shall identify the specific treatment needs of the child and possible alternative placements.

The Contractor may request the DHS caseworker/PAFC provider to remove a child from the Contractor's program in less than 30 days if the following conditions are met:

- i. The behaviors or their intensity that endanger the child or others were not made known to the Contractor before admission, **And**
- ii. The behavior considered dangerous to self or others is significantly deviant from what the Contractor has specified as acceptable in the Admission Grid within JJOLT,  
  
**And**
- iii. The child makes actual physical attacks upon other persons and requires frequent restraint to prevent harm to self or others, **Or**
- iv. The child makes an overt suicide attempt and hospitalization is necessary.

In such cases, the DHS caseworker/PAFC provider shall respond promptly to the request for new placement to ensure the health and safety of the

child and the well-being of other children in the program. If the child poses a threat to self or others, the Contractor may be approved to provide 1:1 staffing ratio. The approval for 1:1 staffing must be requested in writing to BCAL by email or fax. The 1:1 staffing will be approved while the conditions i. and ii. above continue to exist.

#### 24. Expected Performance Outcomes

During the contract period, the Contractor shall work toward the achievement of the outcome measures listed below. If, based on an evaluation of submitted data, there is a gap between the performance of a Contractor and the performance objective, the Contractor shall within 90 days of receiving the data from DHS develop a plan to eliminate the performance gap.

- a. At least 99.68% of all children supervised by the Contractor will not be victims of substantiated maltreatment by facility staff.
- b. At least 80% of children supervised by the Contractor will have a planned discharge to a less restrictive living environment within nine months of placement at the Contractor's facility.
- c. No more than 5% of children discharged from the Contractor's program, will be discharged due to AWOLP status.
- d. At least 70% of children with a documented need on the Child Assessment of Needs and Strengths will show an improved score at time of discharge. The improved score must be on at least one of the top three identified needs at the time of admission.
- e. For children functioning below grade level, 75% will meet or exceed at minimum of one of the educational goals defined in their treatment plan or their IEP, if applicable.
- f. At least 90% of children supervised by the Contractor for 30 calendar days or more, who are discharged to a non-residential setting, will remain in a non-residential setting for at least six months.

#### K. Billing Method

The Per Diem Billing Method shall be used in claiming reimbursement under this Agreement. The Contractor shall be reimbursed for care on a per diem basis for each child based upon the child's residential care program type pursuant to the rate schedule in Section II (D) of this Agreement.

#### L. Billing Procedure

Unit Definition: One unit equals the initial calendar day of placement of a referred child or any 24-hour period thereafter where a child is receiving basic supervision and care, and any services as defined by this Agreement. The last day of a child's placement shall not be counted as a unit.

The Contractor shall submit through the MiSACWIS system the bi-weekly roster for any youth in the Contractors care per the instructions within the MiSACWIS system. The billing shall

indicate the units of service provided by the Contractor and shall be submitted to DHS within 30 days from the end of the billing period.

M. Private Agency MiSACWIS

The Contractor shall ensure that Foster Care/Social Service staff has access to the Michigan Statewide Automated Child Welfare Information System (MiSACWIS) through a web-based interface, henceforth referred to as the “MiSACWIS application.” Requirements for MiSACWIS for CCI contracts may be found at [http://www.michigan.gov/dhs/0,4562,7-124-5455\\_7199---,00.html](http://www.michigan.gov/dhs/0,4562,7-124-5455_7199---,00.html)

N. Financial Audit Requirements

1. The Contractor shall have an annual financial audit conducted by an independent certified public accountant. Audits must be conducted in compliance with Generally Accepted Accounting Principles (GAAP) and all federal audit requirements.
2. The Contractor shall submit to DHS – Office of Contracts and Purchasing, no later than the fifteenth day of the ninth month following the end of the Contractor’s fiscal year, copies of:
  - a. Audited financial statements.
  - b. The Independent Auditor’s Report to the Contractor.
  - c. A Supplemental Schedule of Expenditures (SSE) completed in accordance with the SSE instructions. The SSE shall identify actual costs incurred for services performed under this Agreement for the period covered in the annual financial audit. Failure to submit the SSE with the annual financial audit may result in delay in payment or non-payment by DHS for administrative costs incurred or services rendered by the Contractor. Instructions for the SSE can be found at [http://www.michigan.gov/documents/dhs/DHS-0573\\_351803\\_7.pdf](http://www.michigan.gov/documents/dhs/DHS-0573_351803_7.pdf)

Reports shall be submitted electronically to [DHS- OCP@michigan.gov](mailto:DHS-OCP@michigan.gov).

3. If an OMB-A133 Audit is required because of other Federal funding sources, the Contractor is required to provide the Audit report and all opinions and management letters to [DHS-OCP@michigan.gov](mailto:DHS-OCP@michigan.gov). The Audit must be submitted no later than the fifteenth day of the ninth month following the end of the Contractor’s fiscal year.

O. Cost Reporting

The Contractor shall submit annual financial cost reports based on the state’s fiscal year which begins October 1 and ends September 30 in the following calendar year. The reports shall contain the actual costs incurred by providers in delivering services required in this agreement to DHS clients for the reporting period. Costs for non-DHS children are not to be included. Reports will be submitted using a template provided by DHS. The financial reports shall be submitted annually, and will be due November 30 of each fiscal year. The Contractor must comply with all other program and fiscal reporting procedures as are or may hereinafter be established by DHS.

Contractors with a newly-established per diem rate shall submit a 12-month report using the DHS-573, Foster Care Cost Documentation, reporting actual costs in the same format as the projected costs. This report will be used to validate the newly-established per diem rate. If the actual per diem rate is significantly below the established (original) per diem rate, the rate will be reduced retroactive to the agreement begin date. Any overpayment must be refunded for all days of care paid at the higher (original) per diem rate. The Contractor shall refund the overpayment within 45 days of receiving notification of the overpayment.

The begin date for the initial 12-month reporting period shall be the date of acceptance of the first referral. The 12-month report shall be due 60 days after the reporting period ends.

## II. DHS RESPONSIBILITIES

### A. Referrals

1. DHS shall be responsible for determination of client eligibility for funding.
2. The referring DHS caseworker/PAFC provider shall provide to the Contractor referral material which complies with this Agreement.
3. DHS shall not transfer legal responsibility for any child to the Contractor except as provided herein.

### B. Referral Packet

At the time of referral, the referring DHS caseworker/PAFC provider shall provide the Contractor with a referral packet, which shall include at a minimum:

1. A copy of the commitment order or placement and care order from the court, or appropriate documentation of authorization from the local law enforcement agency.
2. A copy of the Foster Care Structured Decision Making Initial Service Plan (DHS-65), Updated Service Plan(s) (DHS-66), and DHS-69 from prior placement(s) if applicable. If any of these documents are incomplete at placement, the completed materials must be forwarded to the Contractor within 10 business days of the child's placement.
3. A photocopy of the birth verification, or copy of the request for verification. DHS shall immediately forward a copy of the birth verification upon receipt.
4. A photocopy of the Social Security Card or verification provided by DHS identifying the child's Social Security Number.
5. A copy of the DHS-221.
6. If available, a copy of the Youth Health and Dental Record or other documentation of physical and dental examination(s) within the past 12 months and history, including immunization record.

7. A MiHealth card or the Medicaid recipient identification number, if the child is active for Medicaid and the MiHealth card is not available. If the child is to be enrolled in Medicaid, DHS shall provide a copy of the Medicaid recipient ID number to the Contractor as soon as it is issued.
8. An Initial Placement Outline and Information Record (DHS-3307), if required, and other documentation required by DHS policy as specified in the FOM.
9. Court studies and reports, when available.
10. Educational reports, when available
11. Copies of all psychological/psychiatric reports.

Psychological assessments are not to be routinely required for intake decision-making. If the Contractor requests a psychological evaluation and the local DHS office agrees that a psychological evaluation is appropriate, the local DHS office shall arrange and pay for the evaluation within the allowable payment maximum.

If the local DHS office does not agree that an evaluation is necessary, the Contractor is responsible for arranging the evaluation. The costs of the evaluation may be billed to the child's medical insurance provider if the service is covered, if not the costs are covered by the per diem reimbursement rate.

12. Copy of the Child Protective Services 5-day Placement Packet and Transfer Summary as specified in the FOM. Additional Protective Services reports shall be forwarded when completed.
13. Exception request approval from BCAL for the placement of adjudicated delinquent child in an abuse/neglect program.
14. Copies of Psychotropic Medication Consent (DHS-1643) for current prescription. (See FOM 802-1). The referring DHS/PAFC caseworker shall coordinate with the attending medical provider to ensure the child has a minimum of a 14-day supply of prescribed medications.

C. Service Planning and Delivery

1. DHS shall cooperate with the Contractor in completing the DHS-3600 and developing a service plan for the child and family. DHS shall ensure the Contractor receives the DHS-3600 at the time of the child's admission in the identified residential care program type. In event of an emergency placement, the DHS-3600 shall be completed and signed no later than the first working day following placement. If the child is to remain in the Contractor's care beyond 10 months, the local DHS office shall initiate a new DHS-3600 at 10 months following the date of placement.
2. When a child is placed in an out-of-county, private, child-caring institution and the DHS caseworker may request monitoring service from the local DHS office where the child is placed. In that event, the DHS caseworker responsible for placement shall ensure that the

DHS-3600 clearly states which local DHS office is responsible for ongoing monitoring of the child's care, as well as determining if the DHS caseworker or the Contractor will be responsible for ongoing service to the child's family. In the event of an emergency placement, the DHS caseworker responsible for placement shall ensure that the DHS-3600 is completed and signed no later than the first working day following placement.

3. The DHS caseworker/PAFC provider responsible for placement shall review and approve or request modification of the Contractor's 30-day DHS-365 and each DHS-366 submitted by the Contractor as required by the FOM.
4. The DHS case worker responsible for placement shall provide the Contractor a copy of the Foster Care Payment Authorization (DHS-626-YA) at the time of placement for all State paid placements.
5. The DHS caseworker responsible for placement shall assure that the child has a basic wardrobe, as defined and documented by the DHS-3377 upon entering the Contractor's care.
6. The DHS worker responsible for placement, except in emergencies or when constrained by a court order or parental demand, shall give at least 30 calendar days notification to the Contractor of any discharge decision made without the Contractor's concurrence.
7. In the event that the Contractor provides a written notification of the decision to terminate a child's placement in 30 calendar days, the DHS caseworker/PAFC provider responsible for placement shall:
  - a. Acknowledge receipt of the notification within five business days.
  - b. Provide at least weekly contacts with the Contractor to advise of progress in arranging another placement.
  - c. Arrange transfer of the child from the Contractor's care within 30 calendar days, unless the DHS caseworker/PAFC provider supervising the placement and the Contractor agree in writing on a later date.
8. Upon the Contractor's request, the DHS caseworker/PAFC provider shall remove a child who is in danger to themselves or others per the conditions specified in Section I. L. 23 (b) of this Agreement, within 24 hours.
9. The DHS caseworker/PAFC provider responsible for placement shall visit the child every month, which includes observing the child's daily living and sleeping areas (FOM-722-6). The Contractor shall allow the DHS caseworker/PAFC provider responsible for placement to meet in private with the child during a portion of each monthly visit.
10. The Contractor shall allow the assigned DHS caseworker/PAFC provider responsible for placement, or another staff designated by the DHS caseworker/PAFC provider responsible for placement, to visit the child face-to-face upon request, and shall provide a place for them to meet privately, if requested.
11. If a DHS caseworker/PAFC provider responsible for placement does not meet the responsibilities outlined in this Agreement, the Contractor shall notify the local DHS office

County Director responsible for child welfare case management. If the dispute is not resolved, the Contractor is to contact the DHS Director of Field Operations, located in DHS Central Administration.

D. Payments

DHS shall make payments to the Contractor pursuant to MCL 17.51-17.57 and State of Michigan Financial Management Guide, Part II-Accounting and Financial Reporting, Chapter 25, Section 100, "Prompt Payment for Goods and Services."

For each residential care program type, the Contractor shall be reimbursed according to the rate set for children in that program type as provided below.

1. The per diem rate(s) for services provided under this Agreement shall be

<u>Service Code</u>	<u>Service Category</u>	<u>Rate</u>	<u>Eff. Date</u>
XX			

2. For County Child Care Fund funded children, DHS is not statutorily obligated to make payment to the Contractor. Payment for these children is the statutory responsibility of the County. If payment is not made, DHS shall make reasonable efforts to assist the Contractor to obtain payment.

E. Legal or Court Related

DHS shall involve the Contractor, to the extent allowed by law, in matters relating to any legal or court activities concerning the child while in the Contractor's care. If the Contractor is to be involved in the court proceedings, DHS shall provide the Contractor with written reports for court use upon request, subject to confidentiality requirements imposed by statute.

F. Monitoring

1. DHS shall be responsible for contract compliance audits as outlined in Section III, G of this Agreement.
2. XX

III. GENERAL PROVISIONS – PRIVATE, NON-PROFIT AND PRIVATE, PROPRIETARY

XX

## Attachment A: Residential Foster Care Program Types

The Contractor shall ensure access to the elements of residential care outlined in the DHS BCAL standards specific to the license listed in Section I, Part C. Additionally, the Contractor shall ensure access to those services outlined in Section I.J.1-24 of this Agreement for each residential program type.

### **1. General Residential**

#### Definition

The General Residential Program provides a discharge focused, interdisciplinary, psycho-educational, and therapeutic 24 hour a day structured program with community linkages, provided through non-coercive, coordinated, individualized care, and interventions with the aim of moving individuals toward a stable, less intensive level of care or independence. Interventions should be evidence-based and include trauma-focused interventions.

#### Symptomology

The child presents risk in school, home and/or community. The child has presented risk to self, others and property. The child has exhibited a behavior(s) that has interfered with his or her ability to function adequately in a less restrictive setting. Such behaviors could include, but may not be limited to: aggressive episodes, stealing or petty theft; vandalism; inappropriate social interactions (threatening behavior, inappropriate language, disruptive school behavior, consistent failure to adhere to rules, incorrigibility in not following adult directives), and/or reactions to past trauma, which results in maladaptive behaviors.

#### Standardized Assessment Tool

The contractor shall utilize assessment tools identified in Section I.J.3 to assess the child's overall progress in functioning while in the residential program.

The Contractor shall administer the assessment tools within 30 calendar days of admission and quarterly thereafter until planned discharge. An unplanned discharge is defined as an immediate (one calendar day or less) move from the Contractor's program as directed by the court or caseworker. Children who are discharged to AWOLP are also considered an unplanned discharge.

#### Services

For a child in the General Residential Program, the Contractor shall ensure access to the elements of residential care outlined in the DHS BCAL standards specific to the license listed in Section I, Part C. Additionally, the Contractor shall ensure access to those services outlined in Section I. J. 1-24 of this Agreement.

#### Staffing Ratio

The Contractor shall:

- a. Provide a minimum of one on-duty direct child care staff for every eight children during waking hours.
- b. Maintain a minimum of one on-duty direct child care staff for every 12 children during sleeping hours. All of these staff shall be awake during this period. Room checks must be conducted at intervals of no less than every 30 minutes during sleeping hours.

#### Outcome Measures

During the contract period, the Contractor shall work toward the achievement of the outcome measures listed in Section I.J.24 of this Agreement.

## **2. Mental Health and Behavior Stabilization**

### Definition

The Mental Health and Behavior Stabilization Residential Care Program type provides intensive and frequent services and has a lower staff to child ratio than General Residential. The staffing, structure, and environment make more intensive child supervision possible. The Mental Health and Behavior Stabilization Program provides for the application of a comprehensive array of services that include psychiatric and clinical assessments and evaluations and corresponding interventions designed to stabilize and treat the conditions of mental health/behavioral instability. Level of service intensity is tailored to and based on the needs of the child and the child's diagnosis at the time of intake and ongoing progress in the program.

### Symptomology

A child currently experiencing or with a history of active unstable symptoms which may include: severely aggressive behavior toward self or others, psychotic symptoms (delusions, hallucinations, suicidal/homicidal ideations), and/or frequent severe emotional episodes. The child is non-compliant with and/or not stabilized on medication. The child has a high risk of serious self-harm and aggression. Lack of intact thought process.

### Standardized Assessment Tool

The contractor shall utilize assessment tools identified in Section I.J.3 to assess the child's overall progress in functioning while in the residential program.

The Contractor shall administer the assessment tools within 30 calendar days of admission, and quarterly thereafter until planned discharge. An unplanned discharge is defined as an immediate (one calendar day or less) move from the Contractor's program as directed by the court or caseworker. Children who are discharged to AWOLP are also considered an unplanned discharge.

### Services

The child shall have a comprehensive psychiatric consultation within seven calendar days but no more than 15 calendar days of the child's admission into the program. The consultation shall include current and past psychiatric history, medical/developmental history, social history, family history, mental status exam, medication review, and a diagnosis and treatment recommendation. The consultation shall be conducted face to face or via telepsychiatry if face to face is not possible.

- a. Nurse oversight of physical interaction with psychotropic medication.
- b. Individual therapy shall occur more than one time per week.
- c. Group and/or family therapy shall be provided as outlined in the child's treatment plan.
- d. Self-help groups as needed.
- e. Family activity programs.
- f. Independent living skills assessment/preparation and community reintegration.
- g. 1:1 staff/child ratio, if required for child safety. The request for 1:1 staffing must be requested in writing to BCAL by email or fax.

### Staffing Ratio

The Contractor shall:

- a. Provide a minimum of one on-duty direct child care staff for every four children during waking hours.
- b. Maintain a minimum of one on-duty direct child care staff for every 10 children during sleeping hours. All of these staff shall be awake during this period. Room checks must be conducted at intervals of no less than every 30 minutes during sleeping hours.

### Outcomes Measures

During the contract period, the Contractor shall work toward the achievement of the outcome measures listed in Section I.J.24 of this Agreement.

## **3. Sexually Reactive Program**

### Definition

A Sexually Reactive Program uses a bio-psychosocial approach to address the symptoms of compulsive behaviors, Post Traumatic Stress Disorder (PTSD), and childhood sexual and/or non-sexual abuse. The Contractor shall provide individualized treatment plans in a variety of evidence based modalities. Therapeutic approaches may include Cognitive-Behavioral Therapy (CBT), experiential therapies, psycho-educational presentations, psychopharmacological interventions, family systems theory, and integrative therapies.

Treatment approaches are gender specific and age appropriate. Treatment options for residents with aggressiveness, attachment problems, sadistic behaviors, grief and loss issues, and impulse control problems are included in the residential program. Skills training in aggression replacement, anger management, social skills, activities for daily living, coping skills, and communication skills shall be provided.

### Symptomology

A child who has been exposed to sexualized awareness via sexual abuse or exposure to sexualized materials and is suffering from the impact of child sexual abuse, including sexual addiction/compulsivity (including internet addiction), PTSD, and/or other psychological or physiological effects of abuse and trauma such as anxiety and anger. A child that has a history of displaying problematic sexualized behaviors including, but not limited to, sexual behavior that appears inappropriate due to age or the nature and/or extent of the sexual behavior; behavior that is sexually abusive in nature; behavior that is sexually aggressive, etc. This child may or may not be exhibiting outward sexualized behaviors (touching others) but may display poor physical boundaries, expose themselves to others, touch themselves publicly, engage in frottage (rubbing against others), etc. This child is not involved in any known sexual offending behaviors as a result of the sexual awareness.

### Standardized Assessment Tool

In addition to the assessment tools outlined in Section I.J.3, the contractor shall utilize the Estimate of Risk of Adolescent Sexual Offense Recidivism (ERASOR) or Juvenile Sex Offender Assessment Protocol (J-SOAP) to assess the child's overall progress while in the residential program.

The Contractor shall administer the assessment tools within 30 calendar days of admission, and quarterly thereafter until planned discharge. An unplanned discharge is defined as an immediate

(one calendar day or less) move from the Contractor's program as directed by the court or caseworker. Children who are discharged to AWOLP are also considered an unplanned discharge.

The tool shall be utilized by a professional trained in the utilization of the identified tool.

### Services

- a. Individual therapy shall occur more than one time per week,
- b. Group and/or family therapy shall be provided as outlined in the child's treatment plan.
- c. Interventions focusing on and treating any history of trauma as well as any sexualized behavior is required.
- d. Additional life skills interventions.
- e. Sexual abuse group therapy, which shall include anger management, sex education, recidivism prevention, and victim awareness and empathy.

The Contractor shall have a phased approach to service delivery. The various phases generally include the following:

- a. Orientation – Children become oriented to the phases of interventions and program expectations.
- b. Accountability – Children are encouraged to fully disclose their actions that led them to the program and accept responsibility.
- c. Boundaries – Clarification of values system will be developed to help establish and maintain healthy interpersonal and sexual boundaries.
- d. Empathy – Children will begin to understand the impact of violating sexual boundaries on primary and secondary victims.
- e. Relapse Prevention – Children will develop healthy and effective responses to their high risk sexual behaviors.
- f. Transition – Children will develop a plan for a healthy transition to a lower level of care.

The length of time a child is in any particular phase is dependent on the individual child and treatment plan.

### Service Provider Qualifications

Therapists shall be persons that meet the qualifications outlined Section I.J.7.b and have experience working with children who have displayed sexually inappropriate behavior or be supervised by a therapist with the experience and qualifications outlines in Section I.J.7.b.

### Staffing Ratios/Room Assignments

The Contractor shall:

- a. Provide a minimum of one on-duty direct child care staff for every six children during waking hours.
- b. Maintain a minimum of one on-duty direct child care staff for every 10 children during sleeping hours. All of these staff shall be awake during this period. Room checks must be conducted at intervals of no less than every 30 minutes during sleeping hours.

Single occupancy rooms are highly recommended. If children must share a room, frequent (every 10 but no less than 15 minutes) and random room checks shall be conducted, regardless of the use of video monitoring systems.

### Outcome Measures

During the contract period, the Contractor shall work toward the achievement of the outcome measures listed in Section I.J.24 of this Agreement in addition to the outcomes identified below.

- a. One hundred percent of children will have a relapse prevention plan upon a planned release.
- b. Eighty five percent of children will demonstrate Stage of Change improvement/progress related to the identified assessment tool.

## **4. Developmentally Disabled and Cognitively Impaired Program**

### Definition

Services for children with developmental disabilities consists of individualized services that include structure and support in mastering activities of daily living, developing positive self-protective skills, community integration, behavior plans and interventions, including mental health treatment as needed. Services are designed and delivered to engage the client at his or her level of functioning. Residential providers support children in their treatment, school programs, adult transition planning, transition planning to a less restrictive placement and, when it is a part of the child's individual plan, preserving connection with their families.

Intellectually disabled is defined as mild to moderate (IQs 45 to 69), intellectually impaired children, with or without substance use or dependence symptoms. This also includes children with severely or profound cognitive impairments (IQ below 45), those with classic autism spectrum disorder that exhibit severely restricted functioning levels, and severely multiply impaired, which includes those with a combination of cognitive and physical impairments, and may also include mental and/or emotional impairments.

Developmentally disabled is defined as an individual diagnosed with a mental disorder which significantly impacts their adaptive functioning and ability to care for themselves and generally is considered a lifelong condition.

### Symptomology

Children experiencing significant adjustment problems at home, in school, and/or in the community as a result of serious emotional disturbance (SED) with or without substance use or dependence symptoms, concurrent with cognitive impairments.

Children experiencing significant adjustment problems at home, in school, or in the community concurrent with cognitive impairment or developmental disability, emotional impairment and behavioral concerns that cannot be addressed in a less restrictive placement.

Children may be currently experiencing or have a history of active unstable symptoms which may include: severely aggressive behavior toward self or others, psychotic symptoms (delusions, hallucinations, suicidal/homicidal ideations), and/or frequent severe emotional episodes. The child is non-compliant with and/or not stabilized on medication. The child has a high risk of serious self-harm and aggression. Lack of intact thought process.

### Standardized Assessment Tool

The Contractor shall utilize a standardized assessment tool as defined in the Contractor's program statement to assess the child's overall progress in functioning while in the residential program.

The Contractor shall administer the assessment tools within 30 calendar days of admission, and quarterly thereafter until planned discharge. An unplanned discharge is defined as an immediate (one calendar day or less) move from the Contractor's program as directed by the court or caseworker. Children who are discharged to AWOLP are also considered an unplanned discharge.

The tool shall be utilized by a professional trained in the utilization of the identified tool.

### Staffing Ratio

The Contractor shall:

- a. Provide a minimum of one on-duty direct child care staff for every four children during waking hours.
- b. Maintain a minimum of one on-duty direct child care staff for every 10 children during sleeping hours. All of these staff shall be awake during this period. Room checks must be conducted at intervals of no less than every 30 minutes during sleeping hours.

### Services

- a. Nurse oversight of side effects with psychotropic medications
- b. Intensive activity-based individual or specialized group therapy.
- c. Self-help groups as needed.
- d. Family therapy and/or family activity programs.
- e. Independent living skills assessment/preparation and community reintegration.
- f. Adjunctive therapy, provided either on site or in the community, including recreational therapy, occupational therapy, music therapy, art therapy, speech therapy, physical therapy, and respiratory therapy when these or any other interventions are prescribed by a treating physician or required by an IEP.
- g. Peer support groups that focus on social norms, learning how to interpret social cues and problem solve responses that are acceptable.
- h. Family therapy directed toward the establishment and utilization of positive behavioral management and strengthening family relationships.
- i. Aftercare service planning, connecting the children with services that include coordinating a referral and initial appointment with a local Community Mental Health center for casework services for persons with developmental delays.
- j. 1:1 staff/child ratio, if required for child safety, upon documentation of safety issues and with written approval from BCAL.

### Outcome Measures

During the contract period, the Contractor shall work toward the achievement of the outcome measures listed in Section I.J.24 of this Agreement in addition to the outcomes identified below.

- a. Eighty percent of clients will demonstrate progress in receptive and expressive skills as shown by a communication skills assessment prior to discharge.
- b. Eighty percent of clients will demonstrate an understanding of their environment and manage their response as shown by a reduction in negative behaviors and an increase in the ability to appropriately express feelings and needs at the time of discharge.

## **5. Substance Abuse Rehabilitation**

### **Definition**

A comprehensive array of services to address substance abuse, prevent substance use, and support recovery. Interventions are co-occurring, capable, and address the full range of related issues including:

- a. recognizing the harmful effects of chemicals on the child;
- b. develop skills to avoid chemical use;
- c. identify alternate methods of meeting the needs previously met by chemical use;
- d. achievement and maintenance of sobriety or abstinence;
- e. health and mental health needs;
- f. counseling and/or psychotherapy;
- g. education;
- h. improved social, emotional, psychological, cognitive, and vocational functioning.

### **Symptomology**

Children experiencing substance use disorders with a significant impairment in an area of functioning.

### **Standardized Assessment Tool**

In addition to the assessment tools outlined in Section I.J.3, the Contractor shall utilize a published standardized assessment tool as defined in the Contractor's program statement to assess the child's overall progress in functioning while in the residential program.

The Contractor shall administer the assessment tools within 30 calendar days of admission and quarterly thereafter until planned discharge. An unplanned discharge is defined as an immediate (one calendar day or less) move from the Contractor's program as directed by the court or caseworker. Children who are discharged to AWOLP are also considered an unplanned discharge.

The tool shall be utilized by a professional trained in administering the identified tool.

### **Staffing Qualifications**

Therapists shall have appropriate certifications as outlined in the Michigan Certification Board for Addiction Professionals.

### **Staffing Ratio**

The Contractor shall:

- a. Provide a minimum of one on-duty direct child contact staff for every six children during waking hours.
- b. Maintain a minimum of one on-duty direct child contact staff for every ten children during sleeping hours. All of these staff shall be awake during this period. Room checks must be conducted at intervals of no less than every 30 minutes during sleeping hours.

### **Services**

- a. Individual therapy at least one time weekly.
- b. Specialized group, multi-family or didactic group therapy as identified in the child's treatment plan.
- c. Self-help groups and/or sober leisure skill development.
- d. Family therapy and/or family activity programs.

- e. Level appropriate community or campus based education.
- f. Intensive school supports services e.g., testing, monitoring, tutoring.

### Outcome Measures

During the contract period, the Contractor shall work toward the achievement of the outcome measures listed in Section I.J.24 of this Agreement in addition to the outcomes identified below.

- a. One hundred percent of children will have a plan including relapse prevention and recommended services upon a planned discharge.

## **6. Mother/Baby**

### Definition

The Mother/Baby Residential Program provides a discharge-focused, interdisciplinary, psycho-educational, and therapeutic 24-hour-a-day structured program with community linkages, provided through non-coercive, coordinated, individualized care, and interventions with the aim of moving individuals toward a stable, less intensive level of care or independence. Interventions should be evidence-based and include trauma-focused interventions.

The Mother/Baby Program shall offer an intensive array of services to meet the short term and longer term needs of pregnant and parenting youth in the Michigan child welfare system. Research has shown that successful programs incorporate three elements that offer a pregnant and parenting youth the supports needed to succeed: socialization, nurturing and support, structure and discipline. To best support pregnant and parenting youth in Michigan, the program shall be designed as a continuum of care approach. The continuum may consist of three levels. Level 1 is highly structured with 24 hour supervision. Level 2, a step down to a less restrictive living situation where the level of supervision is decreased and the youth obtains more responsibility for managing her own money. Level 3 includes a step to a less restrictive non-residential setting. The tiered level approach encourages youth participation and investment in the program while working on their long term goal of being self-sufficient.

The Mother/Baby Program service delivery can be offered in several different modalities. Ideally, the program should provide a continuum of services to allow the youth to transition from a residential/group home setting to a non-residential setting. The approach should include supervision, staffing, home settings, and basic program standards.

The objectives of Mother/Baby Residential Program type are:

- a. Youth will acquire skills necessary to successfully maintain placement in a less restrictive home setting.
- b. The youth will engage in educational or vocational programming while participating in the program.
- c. Youth and infants/toddlers will be monitored and assessed for special health and/or mental health care needs and developmental delays.
- d. Pregnant or parenting youth will demonstrate appropriate expectations of her infant's/toddler's behavior and needs.
- e. The youth will understand typical child development.

- f. The youth will have a supportive adult connection upon discharge to assist with transitioning from the program into independence or to next placement.
- g. Children of parenting youth will remain with the parent without substantiated reports of abuse or neglect.
- h. The youth will demonstrate an ability to prioritize her child's needs above her own.
- i. The youth will have the ability to reflect on her own parenting strengths and challenges

### Eligibility

The Mother/Baby Program is available to youth ages 13 and older who are pregnant and/or parenting and the youth's infants/toddlers. The Contractor shall have the ability to serve both pregnant and parenting youth and the youth's infant/toddler(s).

### Symptomology

The youth presents risk in school, home and/or community. The youth has presented risk to self, others and property. The youth has exhibited a behavior(s) that has interfered with his or her ability to function adequately in a less restrictive setting. Such behaviors could include, but may not be limited to: aggressive episodes, stealing or petty theft; vandalism; inappropriate social interactions (threatening behavior, inappropriate language, disruptive school behavior, consistent failure to adhere to rules, incorrigibility in not following adult directives), and/or reactions to past trauma, which results in maladaptive behaviors.

### Standardized Assessment Tool

In addition to the assessment tools outlined in Section I.J.3, the Contractor shall utilize the Adult-Adolescent Parenting Inventory (AAPI) to assess parenting skills progress.

The Contractor shall administer the assessment tools within 30 calendar days of admission and quarterly thereafter until planned discharge. An unplanned discharge is defined as an immediate (one calendar day or less) move from the Contractor's program as directed by the court or caseworker. Children who are discharged to AWOLP are also considered an unplanned discharge.

The tool shall be utilized by a professional trained in the utilization of the identified tool.

### Services

For a child in the Mother/Baby Residential Program, the Contractor shall ensure access to the elements of residential care outlined in BCAL standards specific to the license listed in Section I, Part C. Additionally, the Contractor shall ensure access to those services outlined in Section I.J.1-24 of this Agreement in addition to the following:

- a. Interventions through infant mental health or Early On shall be provided as needed and/or recommended for at-risk infants/toddlers.
- b. Intensive school supports services e.g., testing, monitoring, tutoring.
- c. Transportation Assistance - Assist the parenting youth in accessing necessary transportation to obtain or maintain employment, attend school or vocational training, attend medical appointments and therapy appointments.
- d. Access to Mentors - Encourage and develop opportunities for pregnant and parenting youth to be matched with mentors in the community that will provide additional support and a potential long term connection.
- e. Recreational Activities - Provide recreation activities defined as a planned, age appropriate, regular, and recurring set of staff-supervised leisure time events designed to support the youth's

treatment plan. These recreational activities shall be supported by appropriate supplies and equipment that are well maintained and in useable condition.

The Contractor shall:

- a. Provide a minimum of one hour per day per youth of activities which shall contain a variety of physical, intellectual, social and cultural opportunities indoors and outdoors.
- b. Assign a minimum of one staff for every eight youth/infants to directly supervise the activities.
- c. Provide summer recreational activities at a minimum of two hours per day.
- d. Parenting Skills Training - Parenting Skills Training and interactive training activities shall be utilized in accordance with the outcomes specified in the case service and treatment plan, including child development, improvement and reinforcing of age appropriate social, communication and behavioral skills. Classes and referrals shall address issues which include, but are not limited to:
  - (i) Infant care/early infant brain development.
  - (ii) Stages of growth in infants.
  - (iii) Safe Sleep.
  - (iv) Infant/toddler safety.
  - (v) Parenting preparation.
  - (vi) Child development.
  - (vii) Child health care.
  - (viii) Infant/toddler emotional and social needs.
  - (ix) Child management skills and positive discipline.
  - (x) Parent/child roles and communication.
  - (xi) Responsible fatherhood.
  - (xii) Developing secure attachment.
  - (xiii) Securing appropriate childcare.
  - (xiv) Stress management and coping skills.
  - (xv) Domestic violence.
  - (xvi) Changes in parent mood and awareness of surroundings under the influence of recreational drugs or alcohol.
  - (xvii) How to access community resources.

In addition to parenting classes, programming shall address specialized bonding and attachment sessions and activities to promote secure attachments between the parent and infant. Research indicates early attachments lay the foundation for social, emotional and academic skills. Interactive parenting activities shall include opportunities to capitalize on teachable moments with the adolescent parent, promote the value of family literacy with teaching nursery rhymes, songs, etc. and offer various interactive play activities that engage both the youth and her baby.

- a. Community Referrals - Referrals shall be made to community resources such as Early Head Start, Early On, Parent Infant Program, Infant Mental Health or other in-home programs and documented in the service plan. Research has shown that participation in this type of programming is linked to several positive impacts on parenting, child development, and economic self-sufficiency.
- b. Child Care Assistance - The youth shall be provided assistance in obtaining appropriate child care while she is participating in programming to enhance her self-sufficiency. Child care can be provided on site or off site by a licensed child care provider.

The Contractor shall ensure the infant/toddler child care is of high quality that promotes the child's social, emotional, cognitive and verbal development.

- c. Outreach to Fathers - Unless documented that it would be contrary to the best interest of the child and/or mother or if required in a court order, the bidder will make extensive efforts to engage fathers to foster involvement in the infant/toddler's life and to assist the pregnant/parenting youth in obtaining a supportive support network. The program shall allow for the father's select participation in parenting skills trainings, visitations with child and child-parent activities. The father should be encouraged to attend prenatal and/or well-baby medical appointments.

#### Staffing Ratio

The Contractor shall:

- a. Provide a minimum of one on-duty direct child care staff for every eight youth, infant/toddler during waking hours.
- b. Maintain a minimum of one on-duty direct child care staff for every 12 youth, infant/toddler during sleeping hours. All of these staff shall be awake during this period. Room checks must be conducted at intervals of no less than every 30 minutes during sleeping hours.

The staffing ratio includes the youth infant/toddler.

#### Additional Staff Training Topics

The Contractor shall offer the following training topics in addition to those outlined in Section I.J.7.c. of this Agreement:

- a. Medical, physical, and psychological aspects of pregnancy.
- b. Prenatal and postnatal care.
- c. Infant and toddler development.
- d. Safe Sleep practices.
- e. Child care.
- f. Parenting skills training techniques.
- g. Attachment theory.

#### Reporting

The Contractor shall include youth in the development of the treatment plan. The treatment plan must:

- a. Assist the youth in her preparation and transition to adult living and responsible parenting.
- b. Include outcomes identified through the Independent Living assessments.
- c. Identify the youth's educational and/or vocational goals.
- d. Outline the youth's other personal goals.

In addition to the youth's goals, the treatment plan shall address the following:

- a. The infant's/child's daily needs, establishing daily exclusive time with the infant, providing stimulating development and educational activities with the infant.
- b. The infant's/child's daily routine or schedule.
- c. The youth's coordination and arrangement of medical care for the infant and other necessary services.

- d. The youth's participation in parenting skills classes.

#### Outcome Measures

During the contract period, the Contractor shall work toward the achievement of the outcome measures listed in Section I.J.24 of this Agreement in addition to the following:

- a. At least 85% of youth will show improvement in her parenting skills upon discharge from the Mother Baby Program based upon the findings documented in the AAPI.
- b. At least 75% of youth will demonstrate an increase in understanding of her infant's/toddler's needs as measured by the Casey Life Skills supplemental or Daniel Memorial assessment as applicable to the teen parent.
- c. At least 85% of infant's/toddler's will remain placed with his/her mother after discharge from the residential setting.

Unit Definition: One unit equals one day in residence for a pregnant youth and/or mother with infant. The unit rate includes care and services provided to a youth's infant/toddler.

## Attachment B: Glossary of Acronyms and Forms

AAPI:	Adult-Adolescent Parenting Inventory
ABPN:	American Board of Psychiatry and Neurology
AWOLP:	Absent Without Legal Permission
BCAL:	Bureau of Child and Adult Licensing
CANS:	Child Assessment of Needs and Strengths
CBT:	Cognitive Behavioral Therapy
DCQI:	Division of Continuous Quality Improvement
ERASOR:	Estimate of Risk of Adolescent Sexual Offense Recidivism
FOM:	Foster Care Online Manual
GED:	General Education Development
IEP:	Individualized Education Plan
IEPT:	Individual Education Program Team
JJOLT:	Juvenile Justice Online Technology
J-SOAP:	Juvenile Sex Offender Assessment Protocol
LGAL:	Legal Guardian ad Litem
MiSACWIS:	Statewide Automated Child Welfare Information System
MSA:	Modified Settlement Agreement and Consent Order
PAFC:	Placement Agency Foster Care Provider
PTSD:	Post-Traumatic Stress Disorder
SED:	Serious Emotional Disturbance

DHS-65:	Children's Foster Care Initial Service Plan
DHS-66:	Updated Service Plan
DHS-69:	Foster Care Juvenile Justice Action Summary
DHS-221:	Medical Passport
DHS-365:	Residential Initial Treatment Plan
DHS-366:	Residential Updated Treatment Plan
DHS-626-YA:	Foster Care Payment Authorization
DHS-1643:	Psychotropic Medication Consent
DHS-3307:	Initial Placement Outline and Information Record
DHS-3377:	Clothing Inventory Checklist
DHS-3600:	Individual Service Agreement
DHS-4765-YA:	Young Adult Voluntary Foster Care Invoice